

City of Simonton

APPLICATION FLOOD DAMAGE PERMIT

Date of Application:	
Intended Use of Building	g: (Residential, Barn, Garage, Pool, Deck, Porch)
Street Address of Site: _	
Legal Property Owner: _	
Owner's Address/City/St	ate/Zip:
Owner's Phone Number:	
Email Address:	
Contractor:	Field Representative:
Phone Number:	Email Address:
If a contractor has been I	hired, the City of Simonton will require the contractor to register and provide a
copy of the contractors b	id/proposal, insurance, and lisence along with this application. A separate
• • •	orm is located at City Hall or on the simontontexas.gov website.
contractor registration je	minis located at city than of on the simontontexas.gov website.
Square Footage	Total Cost of Construction
Do you have insurance?	☐ Yes ☐ No
(please provide a copy o	f your insurance claim)
Construction Informatio	n: Please detail the repairs to be made to each structure seperately
(ie: roof repair, interior s	heetrock, electrical, mechanical, exterior finish repair/replace)

THIS PERMIT APPLICATION IS FOR REPAIR OF RESIDENTIAL TYPE STRUCTURES WHERE THE REPAIR IS LESS THAN 51% OF THE TOTAL VALUATION OF THE STRUCTURE AS LISTED BY FORT BEND COUNTY APPRAISAL DISTRICT

I HEREBY ACCEPT ALL THE ABOVE CONDTIONS AND CERTIFY THAT ALL STATEMENTS HEREIN RECORDED BY ME ARE TRUE.

Original Signature of Contractor	Print Name	Date